Statement of Organization Recipient Committee			Type or print in ink			REC	Date-Stamp		CALIFORNIA A A	
Sta	atement Type	Initial Not yet qualified 4/24/ Date qualified a	2015	Amendment List I.D. number: # Date qualified a (If appl	as committee	Termination - S List I.D. number: # Date of Terminatio	16 SEP	-2 AM	9: 48	FORM 4 U For Official Use only Page 1
1.	Committee II NAME OF COMMITTEE Costa Mesa Firefight	nformation ers Association Local		2. Treasund NAME OF THE Mark Mark	EASORER inez	ther Princ	ipal Office	ers		
	STREET ADDRESS (NO F	P. O. BOX)				CITY Costa Mesa	SISTANT TREASUR	STATE CA ER, IF ANY	ZIP CODE 92627	AREA CODE/PHONE (949) 374-1854
	CITY STATE ZIP CODE AREA CODE/PHONE Costa Mesa CA 92627 (949) 374-1854					STREET ADD	PRESS			
	MAILING ADDRESS (IF DI Sacramento, CA 958		CITY		STATE	ZIP CODE	AREA CODE/PHONE			
	OPTIONAL: FAX/E-MAIL (916) 442-1280 / info		NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE Mark Martinez, Treasurer							
	Orange		THAN COUNTY OF Statewide	COMMITTEE IS ACTIVE IF DII DOMICILE	FFERENT	MAILING ADD	DRESS			
	Attach additional information on appropriately labeled continuation sheets.					CITY Costa Mesa	1	STATE CA	ZIP CODE 92627	AREA CODE/PHONE (949) 374-1854
3.		under the laws of		is statement and to lifornia that the foreg	,		mation contair	ned herein is t	rue and compl	ete. I certify under
	DATE					SIGNATURE OF TREASURER OR ASSISTANT TREASURER				
	Executed on	DATE	-		Ву	SIGNATURE (OF CONTROLLING	OFFICEHOLDER, CA	ANDIDATE, OR STAT	TE MEASURE PROPONENT
	Executed on	DATE			Ву	SIGNATURE (OF CONTROLLING	OFFICEHOLDER, CA	ANDIDATE, OR STAT	TE MEASURE PROPONENT
	Executed on	DATE			Ву	SIGNATURE (OF CONTROLLING	OFFICEHOLDER, CA	ANDIDATE, OR STAT	TE MEASURE PROPONENT

Statement of Organization							STATEMENT OF ORGANIZATIO				
Recipient Committee				Type or print in ink			Date Stamp		CALIFORNIA 410		
Statement Type Initial		Amendment List I.D. number:		☐ Termination - See Part 5 List I.D. number:		For Official Use only					
	•			#	#				Page 2		
	Date qualified a	s committee		Date qualified as committee (If applicable)	Date o	f Termination					
Committee	Committee Information						Other Prince	ipal Office	ers		
NAME OF COMMITTEE Costa Mesa Firefighters Association Local 1465 Political Action Committee						NAME OF TREASURER					
						STREET ADDRESS					
STREET ADDRESS (NO.P. O. ROX)						CITY	STATE	ZIP CODE	AREA CODE/PHONE		
5-7						NAME OF ASSISTANT TREASU	RER, IF ANY				
CITY STATE ZIP CODE AREA CODE/PHONE											
						STREET ADDRESS					
MAILING ADDRESS (IF I	DIFFERENT)				_	CITY	STATE	ZIP CODE	AREA CODE/PHONE		
OPTIONAL: FAX/E-MAIL ADDRESS						NAME AND POSITION OF OTHER PRINCIPAL OFFICER(S), IF APPLICABLE Scott Purcell, Principal Officer					
COUNTY OF DOMICILE COUNTY WHERE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE						MAILING ADDRESS					
					_						
Attach additional information on appropriately labeled continuation sheets.						Costa Mesa	STATE CA	ZIP CODE 92627	AREA CODE/PHONE (949) 374-1854		
							ned herein is t	rue and comple	ete. I certify under		
Executed on	DATE			Ву			SIGNATURE OF TR	EASURER OR ASSIS	STANT TREASURER		
Executed on	DATE			Ву		SIGNATURE OF CONTROLLING	OFFICEHOLDER, CA	ANDIDATE, OR STATI	E MEASURE PROPONENT		
Executed on	DATE			Ву		SIGNATURE OF CONTROLLING	OFFICEHOLDER, CA	ANDIDATE, OR STATI	E MEASURE PROPONENT		
Executed on	DATE			Ву		SIGNATURE OF CONTROLLING	OFFICEHOLDER, CA	ANDIDATE, OR STATI	E MEASURE PROPONENT		
	Committee NAME OF COMMITTEE COSTA MESA FIREITS (NO CITY MAILING ADDRESS (IF II OPTIONAL: FAX/E-MAI COUNTY OF DOMICILE Attach additional infor Verification I have used all repenalty of perjury Executed on Executed on Executed on	Attach additional information on appropriately to Personal on DATE Executed on DATE Entitial Not yet qualified a 4/24/. Date qualified a 4/24/. Date qualified a 5/24/. Date a 5/2	Initial Not yet qualified or 4/24/2015 Date qualified as committee Committee Information NAME OF COMMITTEE Costa Mesa Firefighters Association Local 1465 Political Act STREET ADDRESS (NO P. O. BOX) CITY STATE ZIP CODE MAILING ADDRESS (IF DIFFERENT) OPTIONAL: FAX/E-MAIL ADDRESS COUNTY OF DOMICILE COUNTY WHERE THAN COUNTY OF Attach additional information on appropriately labeled continuation Verification I have used all reasonable diligence in preparing the penalty of perjury under the laws of the State of Catesecuted on DATE Executed on DATE Executed on DATE Executed on DATE Executed on DATE	Attach additional information on appropriately labeled continuation sheets Verification Initial Not yet qualified or 4/24/2015 Date qualified as committee Committee Information NAME OF COMMITTEE Costa Mesa Firefighters Association Local 1465 Political Action Constance STREET ADDRESS (NO P. O. BOX) CITY STATE ZIP CODE MAILING ADDRESS (IF DIFFERENT) OPTIONAL: FAXIE-MAIL ADDRESS COUNTY OF DOMICILE COUNTY WHERE COMMITTHAN COUNTY OF DOMICI Attach additional information on appropriately labeled continuation sheets Verification I have used all reasonable diligence in preparing this state penalty of perjury under the laws of the State of California Executed on DATE Executed on DATE Executed on DATE Executed on DATE	Attach additional information on appropriately labeled continuation sheets. Type or print in ink Type or print in ink Amendment List I.D. number: #	Attach additional information on appropriately labeled continuation sheets. Type or print in Ink Termit List I.D. number: Li	Attach additional information on appropriately labeled continuation sheets. Street Additional information on appropriately labeled continuation sheets. Street and correct.	AREA CODE/PHONE Type or print in ink Date qualified as committee List I.D. number: 4/24/2015 Date qualified as committee (If applicable) Committee Information NAME OF COMMITTEE COSIA Mesa Firefighters Association Local 1465 Political Action Committee CITY STATE STREET ADDRESS (NO P. O. BOX) TOPIONAL: FAXSE-MAIL ADDRESS AREA CODE/PHONE AREA CODE/PHONE THAN COUNTY OF DOMICILE COUNTY WERRE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE Attach additional information on appropriately labeled continuation sheets. CITY STATE COUNTY WERRE COMMITTEE IS ACTIVE IF DIFFERENT THAN COUNTY OF DOMICILE CITY COUNTY OF DOMICILE CITY COSTA Mesa CITY STATE COSTA MEsa CONTROLLING OFFICEHOLDER OF SIGNATURE OF CONTROLLING OFFICEHOLDER OF SIGNAT	Altach additional information on appropriately labeled continuation sheets. Committee Information		

Statement of Organization Recipient Committee

CALIFORNIA 410
Page 3
I.D. NUMBER
1377067

STATEMENT OF ORGANIZATION

Costa Mesa Firefighters Association Local 1465 Political Action Committee

4. Type of Committee Complete the applicable sections.

Controlled Committee

INSTRUCTIONS ON REVERSE

COMMITTEE NAME

- List the name of each controlling officeholder, candidate, or state measure proponent. If candidate or officeholder controlled, also list the elective office sought or held, and district number, if any, and the year of the election.
- List the political party with which each officeholder or candidate is affiliated or check "non-partisan."
- If this committee acts jointly with another controlled committee, list the name and identification number of the other controlled committee.

NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		CTIVE OFFICE SOUGHT OR HELD DISTRICT NUMBER IF APPLICABLE)	YEAR OF EL	ECTION	PARTY		
					Non-Partisan		
					Non-Partisan		
List the financial institution where the campaign bank account is locat	ted (controlled "ca	andidate election" committees only)					
NAME OF FINANCIAL INSTITUTION	AREA CODE/F	PHONE	BANK ACCOUNT NUMBER				
Wells Fargo Bank	(916) 440-4205	5					
ADDRESS	CITY		STATE	ZIPCODE			
	Sacramento		CA	95814			
Primarily Formed Committee Primarily formed to support or oppose sp	ecific candidates or	measures in a single election. List belo	w:				
CANDIDATE(S) OFFICE SOUGHT OR HELD ORMEASURE(S) JURISDICTION CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR LETTER) (INCLUDING DISTRICT NO., CITY OR COUNTY, AS APPLICABLE)							
					SUPPOR	T OPPOSE	
					SUPPOR	T OPPOSE	

Statement of Organization Recipient Committee

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	CALIFORNIA 410	١
	FORM 4	A

INSTRUCTIONS ON REVERSE	Page 4									
COMMITTEE NAME Costa Mesa Firefighters Association L	I.D. NUMBER 1377067									
4. Type of Committee	(Continued)									
General Purpose Committee Not formed to support or oppose specific candidates or measures in a single election. Check only one box: CITY Committee COUNTY Committee STATE Committee										
PROVIDE BRIEF DESCRIPTION OF AC To support and oppose candidates.	TIVITY									
Sponsored Committee List additional sponsors on an attachment.										
NAME OF SPONSOR Costa Mesa Firefighters Association			INDUSTRY GROUP OR AFFILIATION OF SPONSOR Public Safety and Labor Organization							
STREET ADDRESS	NO. AND STREET	CIT	Y sta Mesa	STATE CA	ZIP CODE 92627					
Small Contributor Committee			and provide the date this committee qualifier qualified as a small contributor committee or							

- 5. Termination Requirements By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:
 - This committee has ceased to receive contributions and make expenditures;
 - This committee does not anticipate receiving contributions or making expenditure in the future;
 - This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
 - · This committee has no surplus funds; and
 - This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - -- Additional filing obligations will be incurred if, after terminating, the committee receives or spends any funds, or receives the forgiveness of a loan, repayments of loans made to others, or any other receipts.